

**OFFICIAL COPY**  
**Public Service Commission**  
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**CLASS "C"**

**WATER AND/OR WASTEWATER UTILITIES**

(Gross Revenue of Less Than \$200,000 Each)

**ANNUAL REPORT**

WS967-13-AR  
Martin S. Friedman  
Sunlake Estates Utilities, L.L.C.  
380 Park Place Blvd. Suite 200  
Clearwater, FL 33759-4929

*Submitted To The*

**STATE OF FLORIDA**

**PUBLIC SERVICE COMMISSION**

FOR THE

**YEAR ENDED DECEMBER 31, 2013**

Form PSC/AFD 006-W (Rev. 12/99)

RECEIVED  
FLORIDA PUBLIC SERVICE  
COMMISSION  
14 MAR 31 PH 2:24  
DIVISION OF  
ACCOUNTING & FINANCE

REPORT OF

Sunlake Estates Utilities, L.L.C.

(EXACT NAME OF UTILITY)

380 Park Place Blvd., Suite 200 | 1045 Great Lakes Blvd.  
 Clearwater, FL 33759 | Grand Island, FL 32735 | Lake  
 Mailing Address | Street Address | County

Telephone Number 727-726-8868 | Date Utility First Organized \_\_\_\_\_

Fax Number 727-791-7920 | E-mail Address \_\_\_\_\_

Sunshine State One-Call of Florida, Inc. Member No. \_\_\_\_\_

Check the business entity of the utility as filed with the Internal Revenue Service:

- Individual     Sub Chapter S Corporation     1120 Corporation     Partnership

Name, Address and Phone where records are located: American Land Lease, Inc.  
380 Park Place Blvd., Suite 200, Clearwater, FL 33759  
727-726-8868

Name of subdivisions where services are provided: \_\_\_\_\_

CONTACTS

Name	Title	Principal Business Address	Salary Charged Utility
Person to send correspondence: <u>Rosaine Nobile</u>	<u>Controller</u>	<u>380 _____</u>	
Person who prepared this report: <u>Jeremy Davis</u>	<u>Accountant</u>	<u>380 _____</u>	
Officers and Managers:			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____

Report every corporation or person owning or holding directly or indirectly 5 percent or more of the voting securities of the reporting utility:

Name	Percent Ownership in Utility	Principal Business Address	Salary Charged Utility
<u>ALL TRS Holding Company, Inc.</u>	<u>100%</u>	<u>380 Park Place Blvd.</u> <u>Suite 200</u> <u>Clearwater, FL 33759</u>	\$ _____ \$ <u>0</u> \$ _____ \$ _____ \$ _____ \$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____

UTILITY NAME: Sunlake Estates Utilities, L.L.C.

YEAR OF REPORT  
DECEMBER 31, 2013

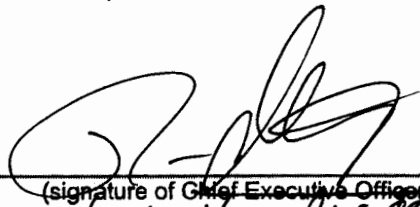
# CERTIFICATION OF ANNUAL REPORT

I HEREBY CERTIFY, to the best of my knowledge and belief:

- |   |                             |    |  |
|---|-----------------------------|----|--|
| <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | 1. | The utility is in substantial compliance with the Uniform System of Accounts prescribed by the Florida Public Service Commission in Rule 25-30.115 (1), Florida Administrative Code.   |
| <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | 2. | The utility is in substantial compliance with all applicable rules and orders of the Florida Public Service Commission.  |
| <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | 3. | There have been no communications from regulatory agencies concerning noncompliance with, or deficiencies in, financial reporting practices that could have a material effect on the financial statement of the utility.   |
| <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | 4. | The annual report fairly represents the financial condition and results of operations of the respondent for the period presented and other information and statements presented in the report as to the business affairs of the respondent are true, correct, and complete for the period for which it represents. |

**Items Certified**

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> 1. | <input checked="" type="checkbox"/> 2. | <input checked="" type="checkbox"/> 3. | <input checked="" type="checkbox"/> 4. |
|--|--|--|--|



(signature of Chief Executive Officer of the utility)

Date:

3/28/14 Vice President



- |                             |                             |                             |                             |
|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 1. | <input type="checkbox"/> 2. | <input type="checkbox"/> 3. | <input type="checkbox"/> 4. |
|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

(signature of Chief Financial Officer of the utility)

Date:

\* Each of the four items must be certified YES or NO. Each item need not be certified by both officers. The items being certified by the officer should be indicated in the appropriate area to the left of the signature.

Notice: Section 837.06, Florida Statutes, provides that any person who knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his duty shall be guilty of a misdemeanor of the second degree.